| | | | | | | | • | | | | |
|--|--|------------------|---|------------------------------|--------------|-------|------------|-------------------------------|-------------|----------------------------------|----------|
| | in this information to | | | | | | | | | | |
| Del | btor 1 | Timothy Kel | ler Messner | | | _ | | | | | |
| | btor 2 buse, if filing) | | | | | _ | | | | | |
| Uni | ited States Bankrupto | cy Court for the | : MIDDLE DISTRICT O | F PENNSYLVANIA | | _ | | | | | |
| Case number <u>1:18-bk-05007</u> | | | | | | | Chec | k if this is: | | | |
| (If kr | nown) | | | | | | ■ A | n amende | d filing | | |
| | | | | | | | | | | g postpetition ollowing date: | |
| <u>O</u> | fficial Form | <u> 1061</u> | | | | | M | M / DD/ Y | YYY | | |
| S | chedule I: \ | our Inc | ome | | | | | | | | 12/15 |
| atta | ch a separate shee | | r spouse is not filing wi On the top of any additi | | | | | | | | |
| 1. | Fill in your emplo information. | yment | | Debtor 1 | | | | Debtor 2 or non-filing spouse | | | |
| | If you have more th | | Employment status | Employed | | | | ☐ Employed | | | |
| | attach a separate prinformation about a employers. | • | | ☐ Not employed | | | | ☐ Not employed | | | |
| | | | Occupation | | | | | | | | |
| | Include part-time, s self-employed wor | | Employer's name | ELECTROMET CORPORATION | | | | | | | |
| | Occupation may in or homemaker, if it | | Employer's address | 879 COMMONV Hagerstown, M | E | | | | | | |
| | | | How long employed the | here? 3 Week | ĸs | | | _ | | | |
| Pai | rt 2: Give Deta | ails About Mor | nthly Income | | | | | | | | |
| | mate monthly inco | | ate you file this form. If | you have nothing to r | report for | any l | ine, write | \$0 in the | space. Inc | clude your no | n-filing |
| | ou or your non-filing s e space, attach a se | | ore than one employer, co this form. | ombine the information | on for all e | emplo | oyers for | that persor | n on the li | nes below. If | you need |
| | | | | | | | For Deb | otor 1 | | btor 2 or ng spouse | |
| 2. | List monthly gross wages, salary, and commissions (be deductions). If not paid monthly, calculate what the monthly | | | | 2. | \$ | 4, | 333.33 | \$ | N/A | |
| 3. Estimate and list monthly overtime pay. | | | | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross li | | 4. | \$ | 4,33 | 33.33 | \$ | N/A | | | |

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Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

4,967.14 12. \$ Combined

monthly income

13. Do you expect an increase or decrease within the year after you file this form?

| N | C |
|---|---|
| | |

Yes. Explain:

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